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B-2-2-2002

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Helmerhorst et al.

Serial No: 09/400,769

Filed: September 22, 1999

) Title: Use of Non-Peptidyl
) Compounds for the Treatment of
) Insulin Related Ailments
)
) Group Art Unit: 1614
)
) Examiner: H. Robinson
)

**TRANSMITTAL WITH
PETITION FOR EXTENSION OF TIME**

**Commissioner for Patents
Washington, D.C. 20231**

Sir:

Transmitted herewith is a response for the above application.

CERTIFICATE OF MAILING (37 CFR 1.8)

I hereby certify that this paper and the documents referred to as enclosed therewith are being deposited with the United States Postal Service as first class mail, postage prepaid, on February 11, 2002, in an envelope addressed to the Commissioner for Patents, Washington, D.C. 20231.

Mark H. Hopkins, Ph.D.

02/21/2002 MAHME1 00000100 09400769

01 FC:228

980.00 OP

1. Small Entity Status

- ☐ Verified statement(s) claiming small entity status is(are) attached.
- ☒ Small entity status has been established and is still effective.
- ☐ Has not been established.

2. Extension of Time

- ☒ This is a petition for an extension of time under 37 CFR 1.136 for the total number of months checked below:

EXTENSION (Months)	FEE FOR LARGE ENTITY		FEE FOR SMALL ENTITY	
One Month		\$110.00		\$55.00
Two Months		\$400.00		\$200.00
Three Months		\$920.00		\$460.00
Four Months		\$1,440.00		\$720.00
Fifth Month		\$1,960.00	<input checked="" type="checkbox"/>	\$980.00

If an additional Extension of Time is required, please consider this a petition therefor.

Extension Fee: \$980.00



An extension for _____ month(s) has already been secured and the fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

Deduction: \$

Extension Fee Due With This Request \$980.00

3. Fee for Claims

The fee for additional claims [(37 CFR 1.16(b)-(d))] has been calculated as shown below:

					SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment	Highest No. Previously Paid For		Present Extra	Rate	Additional Fee	Rate	Additional Fee
TOTAL		MINUS		=	X 9 =	\$	X18 =	\$
INDEP.		MINUS		=	X42 =	\$	X84 =	\$
<input type="checkbox"/>	First Presentation of Multiple Dependent Claim				+ 140 =	\$	+ 280 =	\$
TOTAL ADDITIONAL FEE						\$	OR	\$

4. Method of Payment of Fees

- ☒ Attached is a check in the amount of: \$980.00
- ☐ Charge Deposit Account No. 13-2855 in the amount of: \$ _____
A copy of this Transmittal is enclosed.

5. Deposit Account and Refund Authorization

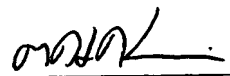
The Commissioner is hereby authorized to charge any deficiency in the amount enclosed or any additional fees which may be required during the pendency of this application under 37 CFR 1.16 or 1.17 to Deposit Account No. 13-2855. A copy of this Transmittal is enclosed.

Please refund any overpayment to Marshall, Gerstein & Borun at the address below.

Respectfully submitted,

MARSHALL, GERSTEIN & BORUN
6300 Sears Tower
233 South Wacker Drive
Chicago, Illinois 60606-6357
(312) 474-6300

By:


Mark. H. Hopkins, Ph.D.
Reg. No: 44,775

February 11, 2002